

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042180

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318 1003 10436

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

33 yrs. 34 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5425a Gravois Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

EVELYN MAXINE WHEELER

4. DATE OF DEATH

Month Day Year

October 17, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/6/17

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory

10b. KIND OF BUSINESS OR INDUSTRY

Electric Co.

11. BIRTHPLACE (City and state or country)

Cherryvale, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert Van Howard

13b. MOTHER'S MAIDEN NAME

(Manor)

14. NAME OF HUSBAND OR WIFE

Richard V. Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cor pulmonale

INTERVAL BETWEEN ONSET AND DEATH

Several year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchitis with emphysema

DUE TO (c)

502.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 26, 1962 to Sept. 21, 1963 and last saw her alive on Sept. 21, 1963

Death occurred xx about 8 p.m. on 10/17/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas The M.D.

22b. ADDRESS

5400 Arsenal St.

22c. DATE SIGNED

10/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct. 21, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 3620 Chippewa (16)

25. DATE RECD. BY LOCAL REG.

OCT 21 1963

REGISTRAR'S SIGNATURE

Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

VS 300 Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Thomas W. Dinty*

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.